

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>1/14</i>	<i>32</i>	<i>08-30-01</i>
FORMALITY REVIEW	<i>1020</i>		<i>10/02/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	8-26-03
2	1-11-03
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4	5-00-04
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/02/01